

D R A F T

2006

Behavioral Risk Factor Surveillance System

Rhode Island

Questionnaire

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Interviewer's Script

HELLO, I am calling for the **Rhode Island Department of Health**. My name is (name) . We are gathering information about the health of **Rhode Island** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "no,"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence?

If "no,"

Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone? **Read only if necessary: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.**

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 5.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]? Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 4

To the correct respondent:

RI_questionnaire06_v5_final revise01_30_06

HELLO, I am calling for the **Rhode Island Department of Health**. My name is (name) . We are gathering information about the health of **Rhode Island** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Confidentiality Statement:

I will not ask for your name or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

Core Sections

Section 1: Health Status

- 1.1 Would you say that in general your health is— (73)
- Please read:**
- | | |
|---|-----------|
| 1 | Excellent |
| 2 | Very good |
| 3 | Good |
| 4 | Fair |
- Or**
- | | |
|---|------|
| 5 | Poor |
|---|------|
- Do not read:**
- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 2: Healthy Days — Health-Related Quality of Life

- 2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74–75)
- | | | |
|---|---|-----------------------|
| 8 | 8 | Number of days |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |
- 2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76–77)
- | | | |
|---|---|--|
| 8 | 8 | Number of days |
| 8 | 8 | None [If Q2.1 and Q2.2 = 88 (None), go to next module] |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |
- 2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78–79)

—	—	Number of days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Module 6: Healthy Days (Symptoms)

The next few questions are about health-related problems or symptoms.

Mod6_1. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?
(260-261)

—	—	Number of days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Mod6_2. During the past 30 days, for about how many days have you felt sad, blue, or depressed?
(262-263)

—	—	Number of days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Mod6_3. During the past 30 days, for about how many days have you felt worried, tense, or anxious?
(264-265)

—	—	Number of days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Mod6_4. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?
(266-267)

—	—	Number of days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Mod6_5. During the past 30 days, for about how many days have you felt very healthy and full of energy?
(268-269)

8	8	Number of days
7	7	None
7	7	Don't know / Not sure
9	9	Refused

Section 3: Health Care Access

- 3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

- 3.2** Do you have one person you think of as your personal doctor or health care provider?
If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?" (81)

1	Yes, only one
2	More than one
3	No
7	Don't know / Not sure
9	Refused

- 3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (83)

1	Within past year (anytime less than 12 months ago)
2	Within past 2 years (1 year but less than 2 years ago)
3	Within past 5 years (2 years but less than 5 years ago)
4	5 or more years ago
7	Don't know / Not sure
8	Never
9	Refused

Section 4: Exercise

- 4.1** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 5: Diabetes

- 5.1** Have you ever been told by a doctor that you have diabetes?
- If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**
- If respondent says pre-diabetes or borderline diabetes, use response code 4.** (85)
- | | |
|---|--|
| 1 | Yes |
| 2 | Yes, but female told only during pregnancy |
| 3 | No |
| 4 | No, pre-diabetes or borderline diabetes |
| 7 | Don't know / Not sure |
| 9 | Refused |

State-added 1: Diabetes for diabetics

{To be asked following core s5q1 (diabetes question) if response is “Yes” (code=1).}

- RI1_1.** A test for “A one C” measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for “A one C”?

___	Number of times [76 = 76 or more]
8 8	None
9 8	Never heard of “A one C” test
7 7	Don't know / Not sure
9 9	Refused

- RI1_2.** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

9	8	Number of times [76 = 76 or more]
8	8	No feet
7	7	None
9	9	Don't know / Not sure
		Refused

RI1_3. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only if necessary:

1	Within the past month (anytime less than 1 month ago)
2	Within the past year (1 month but less than 12 months ago)
3	Within the past 2 years (1 year but less than 2 years ago)
4	2 or more years ago
8	Never
7	Don't know / Not sure
9	Refused

RI1_4. Have you ever taken a course or class in how to manage your diabetes yourself?

1	Yes
2	No
7	Don't know / Not sure
9	Refused

RI1_5. In the past 12 months have you attended at least one diabetes education group with a diabetes educator, nurse, dietician or pharmacist?

1	Yes
2	No
7	Don't know / Not sure
9	Refused

State-added 2: Diabetes awareness and prevention

{If Core 5.1 = 2 – 9 (i.e. not diabetic) Ask Questions “1” through “5” }

RI2_1. Does the following statement apply to you? I get little or no exercise during a usual day.

1	Yes
2	No
7	Don't know / Not sure
9	Refused

RI2_2. Have any of your immediate blood relatives – your mother, father, brothers or sisters – had diabetes?

1	Yes
2	No

- 7 Don't know / Not sure
- 9 Refused

{If selected=female, continue, else go to RI2_4}

RI2_3. Have you ever given birth to a baby that weighed more than 9 pounds (4.1 kg) at birth?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

RI2_4. Have you ever been tested by a blood (sugar) test to see if you have diabetes?

- 1 Yes **[go to RI2_4.a]**
- 2 No **[go to RI2_5]**
- 7 Don't know / Not sure **[go to RI2_5]**
- 9 Refused **[go to RI2_5]**

{If RI2_4. = 1}

RI2_4a. Did you have to fast for at least 8 hours before getting your test?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

RI2_5. How worried are you that in the next 10 years you will get diabetes? Would you say you are very worried, somewhat worried, slightly worried, or not at all worried?

- 1 Very worried
- 2 Somewhat worried
- 3 Slightly worried
- 4 Not at all worried
- 7 Don't know/ Not sure
- 9 Refused

Section 6: Oral Health

6.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

(86)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

6.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

(87)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

{CATI note: If Q6.1 = 8 (Never) or Q 6.2 = 3 (All), go to next **section.**}

6.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

(88)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 7: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

7.1 (Ever told) you had a heart attack, also called a myocardial infarction?

(89)

- 1 Yes
- 2 No
- 7 Don't know / Not sure

9 Refused

7.2 (Ever told) you had angina or coronary heart disease? (90)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

7.3 (Ever told) you had a stroke? (91)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 8: Asthma

8.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (92)

1 Yes
2 No [Go to next section]
7 Don't know / Not sure [Go to next section]
9 Refused [Go to next section]

8.2 Do you still have asthma? (93)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 9: Disability

The following questions are about health problems or impairments you may have.

9.1 Are you limited in any way in any activities because of physical, mental, or emotional problems? (94)

1 Yes
2 No
7 Don't know / Not Sure

9 Refused

9.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (95)

Include occasional use or use in certain circumstances.

1 Yes
2 No
7 Don't know / Not Sure
9 Refused

State Added 3: Disability Screening

{Insert after Core– Disabilities s9q2 }

RI3_1. Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

1 Yes
2 No
7 Don't know / Not Sure
9 Refused

Section 10: Tobacco Use

10.1 Have you smoked at least 100 cigarettes in your entire life? (96)

NOTE: 5 packs = 100 cigarettes

1 Yes
2 No **[Go to next section]**
7 Don't know / Not sure **[Go to next section]**
9 Refused **[Go to next section]**

10.2 Do you now smoke cigarettes every day, some days, or not at all? (97)

1 Every day
2 Some days
3 Not at all **[Go to next section]**
7 Don't know/Not sure **[Go to next section]**
9 Refused **[Go to next section]**

- 10.3** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (98)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 11: Demographics

- 11.1** What is your age? (99-100)

Code age in years
0 7 Don't know / Not sure
0 9 Refused

- 11.2** Are you Hispanic or Latino? (101)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 11.3** Which one or more of the following would you say is your race? (102-107)

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

{CATI note: If more than one response to Q11.3; continue. Otherwise, go to RI4_1}

11.4 Which one of these groups would you say best represents your race?

(108)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____

Do not read:

- 7 Don't know / Not sure
- 9 Refused

State-Added 4: Demographics- Where born/Years in US

{Insert after core race/ethnicity question Core question s11q4}

RI4_1. Where were you born? Were you born...

[NOTE: US Territories: Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, Northern Mariana Islands, Midway Islands, Wake Island, Johnston Atoll, Baker, Howland, and Jarvis Islands, Kingman Reef, Navassa Island, Palmyra Atoll]

Please Read

- 1 in Rhode Island? **[Go to s11q5]**
- 2 in a different state in the US? (includes DC) **[Go to s11q5]**
- 3 in a US territory? **[Go to RI4_2]**
- 4 in another country to an American parent? **[Go to RI4_2]**
- 5 in another country? **[Go to RI4_2]**

Do not read

- 7 Don't know / Not sure **[Go to s11q5]**
- 9 Refused **[Go to s11q5]**

{If RI4_1 = 3, 4, or 5 continue, else go to s11q5}

RI4_2. How old were you when you came to live in the United States?

[Interviewer: record response as whole years only]

[Interviewer: If respondent can't remember age probe: Were you a child or an adult?]

- ____ Number of years **[01 = age one or younger; 75=75 or older]**
- 7 6 Childhood (<18 years old)
- 8 8 Adult (18 years or older)
- 7 7 Don't know / Not sure
- 9 9 Refused

11.5 Are you...?

(109)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

11.6 How many children less than 18 years of age live in your household? (110-111)

- Number of children
- 8 8 None
- 9 9 Refused

11.7 What is the highest grade or year of school you completed? (112)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

11.8 Are you currently...? (113)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

8 Unable to work

9 Refused

(114-115)

Read only if necessary (Read only income levels that apply):

08 \$75,000 or more

99 Refused

(116-119)

Round fractions up

Weight	
(pounds/kilograms)	
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

11.11 About how tall are you without shoes? (120-123)

Note: If respondent answers in metrics, put “9” in column 120.

Round fractions down

— / —	Height
(f t / inches/meters/centimeters)	
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

State Added 5: City/Town

RI5_1. What city or town do you live in?

— —	Enter Town code {Autocode to county}
7 7 7	Don't know / Not sure
9 9 9	Refused

{County question will not be asked of respondent. County will be auto-coded during processing based on city/town.}

~~11.12 What county do you live in? (124-126)~~

— — —	FIPS county code
7 7 7	Don't know / Not sure
9 9 9	Refused

11.13 What is your ZIP Code where you live? (127-131)

— — — —	ZIP Code
7 7 7 7 7	Don't know / Not sure
9 9 9 9 9	Refused

11.14 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (132)

1	Yes	
2	No	[Go to Q11.16]
7	Don't know / Not sure	[Go to Q11.16]
9	Refused	[Go to Q11.16]

11.15 How many of these telephone numbers are residential numbers? (133)

- 6 Residential telephone numbers **[6 = 6 or more]**
- 7 Don't know / Not sure
- 9 Refused

11.16 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters. (134)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

11.17 **Indicate sex of respondent. Ask only if necessary.** (135)

- 1 Male **[Go to next section]**
- 2 Female **[If respondent is 45 years old or older, go to next section]**

11.18 To your knowledge, are you now pregnant? (136)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 12: Veteran's Status

The next question relates to military service.

12.1 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (137)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 13: Alcohol Consumption

13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

(138)

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused | [Go to next section] |

- 13.2** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

(139-141)

- | | | | |
|---|----|---------------------------|----------------------|
| 1 | __ | Days per week | |
| 2 | __ | Days in past 30 days | |
| 8 | 8 | No drinks in past 30 days | [Go to next section] |
| 7 | 7 | Don't know / Not sure | |
| 9 | 9 | Refused | |

- 13.3** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

(142-143)

- | | | |
|---|---|-----------------------|
| | | Number of drinks |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

- 13.4** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [CATI **X = 5 for men, X = 4 for women**] or more drinks on an occasion?

(144-145)

- | | | |
|---|---|-----------------------|
| | | Number of times |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

- 13.5** During the past 30 days, what is the largest number of drinks you had on any occasion?

(146-147)

- | | | |
|---|---|-----------------------|
| | | Number of drinks |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Section 14: Immunization/Adult Influenza Supplement

- 14.1** A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

(148)

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

- 7 Don't know / Not sure
- 9 Refused

14.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose?
The flu vaccine sprayed in the nose is also called FluMist™. (149)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{CATI note: If Q14.1 or Q14.2 = 1 (Yes), continue; otherwise go to Q14.4s.}

NOTE: Questions 14.3s through 14.8s are intended for use only if the Adult Influenza Supplement is activated. The Behavioral Surveillance Branch will provide notification and instructions for implementing the Adult Influenza Supplement.

14.3s During what month and year did you receive your most recent flu vaccination? The most recent flu vaccination may have been either the flu shot or the flu spray. (150-155)

- Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure (**Probe: "Was it before September 2005?" Code approximate month and year**)
- 9 9 / 9 9 9 9 Refused

CATI note: If Q14.3s is before 09/2005 or Q14.3s = 77/7777 (Don't know) or 99/9999 (Refused), continue. Otherwise, go to Q14.5s.

14.4s What is the MAIN reason you have NOT received a flu vaccination for this current flu season? (156-157)

INTERVIEWER NOTE: The current flu season = Sept. '05 – Mar .'06.

Do not read answer choices below. Select category that best matches response.

- 0 1 Need: Do not think need it / not recommended
- 0 2 Concern about vaccine: side effects / can cause flu / does not work
- 0 3 Access / cost / inconvenience
- 0 4 Vaccine shortage: saving vaccine for people who need it more
- 0 5 Vaccine shortage: tried to find vaccine, but could not get it
- 0 6 Vaccine shortage: not eligible to receive vaccine
- 0 7 Some other reason
- 7 7 Don't know / Not sure (**Probe: "What was the main reason?"**)
- 9 9 Refused

14.5s Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

(158)

Read each problem listed below:

Lung problems, including asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

-Or-

Sickle Cell Anemia or other anemia

1 Yes

2 No

[Go to Q14.8s]

7 Don't know / Not sure

[Go to Q14.8s]

9 Refused

[Go to Q14.8s]

14.6s Do you still have (this/any of these) problem(s)?

(159)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

14.7s Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? This includes part-time and volunteer work.

(160)

1 Yes

2 No

[Go to Q14.9]

7 Don't know / Not sure

[Go to Q14.9]

9 Refused

[Go to Q14.9]

14.8s Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

(161)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

14.9 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

(162)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

14.10 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (163)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

The next question is about behaviors related to Hepatitis B.

{CATI note: If female, do not read response #2}

14.11 Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

- You have hemophilia and have received clotting factor concentrate
- You are a man who has had sex with other men, even just one time
- You have taken street drugs by needle, even just one time
- You traded sex for money or drugs, even just one time
- You have tested positive for HIV
- You have had sex (even just one time) with someone who would answer "yes" to any of these statements
- You had more than two sex partners in the past year

Are any of these statements true for you? (164)

- 1 Yes, at least one statement is true
- 2 No, none of these statements is true
- 7 Don't know / Not sure
- 9 Refused

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to next section.

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

15.1 In the past 3 months, how many times have you fallen? (165-166)

- | | | | |
|---|---|-----------------------|-----------------------------|
| — | — | Number of times | [76 = 76 or more] |
| 8 | 8 | None | [Go to next section] |
| 7 | 7 | Don't know / Not sure | [Go to next section] |
| 9 | 9 | Refused | [Go to next section] |

15.2 [If only one fall in Q15.1, fill in “Did this fall (from Q15.1) cause an injury”]
 [If more than one fall in Q15.1: “Did any of these falls cause an injury?”] By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

If only one fall and respondent answers “yes”, code as 01.
If response is “no”, code as 88 (167-168)

—	—	Number of falls	[76 = 76 or more]
8	8	None	[Go to next section]
7	7	Don't know / Not sure	[Go to next section]
9	9	Refused	[Go to next section]

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say— (169)

Please read:

1	Always
2	Nearly always
3	Sometimes
4	Seldom
5	Never

Do not read:

7	Don't know / Not sure
8	Never drive or ride in a car
9	Refused

{CATI Note: If Q16.1=8 (Never drive or ride in a car), go to Section 18; otherwise continue}

Section 17: Drinking and Driving

CATI note: If Q13.1 = 2 (No); go to next section.

The next question is about drinking and driving.

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (170-171)

—	—	Number of times
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Section 18: Women's Health

CATI note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (172)

- 1 Yes
- 2 No [Go to Q18.3]
- 7 Don't know / Not sure [Go to Q18.3]
- 9 Refused [Go to Q18.3]

18.2 How long has it been since you had your last mammogram? (173)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

18.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (174)

- 1 Yes
- 2 No [Go to Q18.5]
- 7 Don't know / Not sure [Go to Q18.5]
- 9 Refused [Go to Q18.5]

18.4 How long has it been since your last breast exam? (175)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (176)

- 1 Yes
- 2 No [Go to Q18.7]
- 7 Don't know / Not Sure [Go to Q18.7]
- 9 Refused [Go to Q18.7]

18.6 How long has it been since you had your last Pap test? (177)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

CATI note: If response to Core Q11.18 = 1 (is pregnant); then go to next section.

18.7 Have you had a hysterectomy? (178)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 19: Prostate Cancer Screening

CATI note: If respondent is ≤39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

(179)

- 1 Yes
- 2 No [Go to Q19.3]
- 7 Don't Know / Not Sure [Go to Q19.3]
- 9 Refused [Go to Q19.3]

19.2 How long has it been since you had your last PSA test?

(180)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know
- 9 Refused

19.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

(181)

- 1 Yes
- 2 No [Go to Q19.5]
- 7 Don't know / Not sure [Go to Q19.5]
- 9 Refused [Go to Q19.5]

19.4 How long has it been since your last digital rectal exam?

(182)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

(183)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 20: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to next section.

20.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (184)

- 1 Yes
- 2 No [Go to Q20.3]
- 7 Don't know / Not sure [Go to Q20.3]
- 9 Refused [Go to Q20.3]

20.2 How long has it been since you had your last blood stool test using a home kit? (185)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

20.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (186)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

20.4 How long has it been since you had your last sigmoidoscopy or colonoscopy? (187)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)

5 10 or more years ago

Do not read:

7 Don't know / Not sure

9 Refused

Section 21: HIV/AIDS

{CATI note: If respondent is 65 years old or older, go to next section.}

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (188)

1 Yes

2 No [Go to next section]

7 Don't know / Not Sure [Go to next section]

9 Refused [Go to next section]

21.2 Not including blood donations, in what month and year was your last HIV test? (189–194)

[NOTE: If response is before January 1985, code "Don't know."]

__ / __ Code month and year

7 7 / 7 7 7 7 Don't know / Not sure

9 9 / 9 9 9 9 Refused

21.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (195-196)

01 Private doctor or HMO office

02 Counseling and testing site

03 Hospital

04 Clinic

05 Jail or prison (or other correctional facility)

06 Drug treatment facility

07 At home

08 Somewhere else

77 Don't know/Not sure

99 Refused

{CATI Note: Ask Q21.4 only if Q21.2 is within the last 12 months; otherwise go to next section}

- 21.4 Was it a rapid test where you could get your results within a couple of hours? (197)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

- 22.1 How often do you get the social and emotional support you need? (198)

[INTERVIEWER NOTE: If asked, say “please include support from any source”.]

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 9 Refused

- 22.2 In general, how satisfied are you with your life? (199)

Please read:

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Transition to Modules and/or State-Added Questions

Please read:

Finally, I have just a few questions left about some other health topics.

Optional Modules

Module 1: Random Child Selection

CATI note: If Core Q11.6 = 88, or 99 (no children under age 18 in the household, or refused), go to next module.

If Core Q11.6 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Mod1_1]**

If Core Q11.6 is >1 and Core Q11.6 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child.
Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the “Xth” **[CATI: please fill in]** child.”

Mod1_1. What is the birth month and year of the “Xth” child? (200-205)

<u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

{CATI INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).}

Mod1_2. Is the child a boy or a girl? (206)

1	Boy
2	Girl
9	Refused

Mod1_3. Is the child Hispanic or Latino? (207)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

Mod1_4. Which one or more of the following would you say is the race of the child? (208-213)

[Check all that apply]

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify] _____

Do not read:

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

{CATI note: If more than one response to Mod1_4, continue. Otherwise, go to Mod1_6.}

Mod1_5. Which one of these groups would you say best represents the child's race? (214)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other
- 7 Don't know / Not sure
- 9 Refused

Mod1_6. How are you related to the child? (215)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

- 7 Don't know / Not sure
- 9 Refused

State-Added 6: Children's Health Care Coverage

{To follow Module 1 -- Random child selection}

RI6_1. Is this child covered by any kind of health care plan, either a private plan such as Bluecross or United, or a government plan such as Medicaid, Rite Care, or Tricare?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module 3: Childhood Asthma Prevalence

CATI note: If response to Core Q11.6 = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the "Xth" **[CATI: please fill in same child selected in module 1]** child.

Mod3_1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (227)

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

Mod3_2. Does the child still have asthma? (228)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added 7: Child Asthma -- School absence

{To follow Module 3 -- child asthma prevalence}

{If Childhood Asthma Module q1 and q2 = yes (Have current asthma) and child selected in Module 1 is age 5 years and older ASK:}

RI7_1. In the most recent month that he/she attended school, about how many days of school did he/she miss because of his/her asthma?

- ___ ENTER NUMBER [1-25] [25=25 or more]
- 8 8 None
- 7 5 Child did not go to school
- 7 6 Home schooled
- 7 7 Don't know / Not sure

State added 8: Health Insurance Coverage

{Ask if Core s3q1 = 1}

RI8_1 INTRO: Earlier you said you have health care coverage

RI8_1. What type of health care coverage do you use to pay for most of your medical care?
Is it coverage through:

____ Enter Response

PLEASE READ

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 Rite Care
- 07 The military, TriCare (formerly CHAMPUS), or the VA
- 08 The Indian Health Service [or the Alaska Native Health Service]
- Or
- 09 Some other source

DO NOT READ

- 88 None
- 77 Don't Know/Not Sure
- 99 Refused

{Ask if Core s3q1 = 2 or 7}

RI8_2 INTRO: Earlier you said you do not have health care coverage or weren't sure you had health care coverage.

RI8_2. There are some types of coverage you may not have considered. Please tell me if you have coverage through any of the following:

[IF MORE THAN ONE, ASK "Which type do you use to pay for most of your medical care?"]

____ Enter Response

PLEASE READ

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 Rite Care
- 07 The military, TriCare (formerly CHAMPUS), or the VA
- 08 The Indian Health Service [or the Alaska Native Health Service]
- Or
- 09 Some other source

DO NOT READ

- 88 None
- 77 Don't Know/Not Sure
- 99 Refused

{IF RI8_2 = 88, CONTINUE TO RI8_3. ALL OTHERS GO TO next section}

RI8_3. What is the main reason you are without health care coverage?

[READ ONLY IF NECESSARY]

- 01 Lost job or changed employers
- 02 Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]
- 03 Became divorced or separated
- 04 Spouse or parent died
- 05 Became ineligible because of age or because left school
- 06 Employer doesn't offer or stopped offering coverage
- 07 Cut back to part time or became temporary employee
- 08 Benefits from employer or former employer ran out
- 09 Couldn't afford to pay the premiums
- 10 Insurance company refused coverage
- 11 Lost Medicaid or Medical Assistance eligibility
- 12 Other
- 77 Don't know / Not sure
- 99 Refused

State Added 9: Regular source of care – HP2010

The next questions are about health care.

RI9_1. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?

[If no, ask: "Is there more than one or no place you usually go to?"]

- 1 Yes **[Go to RI9_3]**
- 2 More than one place
- 3 No **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

RI9_2. Is there one of these places that you go to most often when you are sick or need advice about your health?

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know/Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

RI9_3. What kind of place is it?

Would you say:

Please Read

- 1 A doctor's office or HMO
- 2 A clinic or health center
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 An urgent care center
- or
- 6 Some other kind of place

Do not read

- 7 Don't know/Not sure
- 9 Refused

Module 7: Adult Asthma History

{CATI note: If "Yes" to Core Q8.1, continue. Otherwise, go to next module.}

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

Mod7_1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

(270-271)

- Age in years 11 or older [**96 = 96 and older**]
- 9 7 Age 10 or younger
- 9 8 Don't know / Not sure
- 9 9 Refused

{CATI note: If "Yes" to Core Q8.2, continue. Otherwise, go to next module.}

Mod7_2. During the past 12 months, have you had an episode of asthma or an asthma attack?

(272)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Mod7_3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

(273-274)

- Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know / Not sure

9 9 Refused

Mod7_4. [If one or more visits to Mod7_3, fill in “Besides those emergency room visits,”]
During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?
(275-276)

— — Number of visits [87 = 87 or more]
8 8 None
9 8 Don't know / Not sure
9 9 Refused

Mod7_5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?
(277-278)

— — Number of visits [87 = 87 or more]
8 8 None
9 8 Don't know / Not sure
9 9 Refused

Mod7_6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?
(279-281)

— — — Number of days
8 8 8 None
7 7 7 Don't know / Not sure
9 9 9 Refused

Mod7_7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say —
(282)

Please read:

8 Not at any time [Go to Q9]
1 Less than once a week
2 Once or twice a week
3 More than 2 times a week, but not every day
4 Every day, but not all the time
Or
5 Every day, all the time

Do not read:

7 Don't know / Not sure
9 Refused

Mod7_8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say —
(283)

Please read:

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten

Or

- 5 More than ten

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Mod7_9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

(284)

Please read:

- 8 Never
- 1 1 to 14 days
- 2 15 to 24 days
- 3 25 to 30 days

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Mod7_10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it?

(285)

INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.

Read only if necessary:

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

Do not read:

- 7 Don't know / Not sure
- 9 Refused

State-Added 10: Adult Asthma

{To follow Module 7: Adult Asthma History}

{Ask of people who responded yes to both core s8q1 and s8q2 (i.e persons who have current asthma) and if s11q8 = 1 or 2}

RI10_1. In the past 12 months how many days have you missed work because of your asthma?

Number of Days
[76 =76 or more days]
88 None
89 Not applicable / not employed outside of home
77 Don't know / Not sure
99 Refused

State-Added 11: Osteoporosis

RI11_1. Has your doctor, nurse, or health care provider ever discussed the risk of osteoporosis with you?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

RI11_2. Has your doctor, nurse, or health care provider ever recommended you receive a bone mineral density test?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

RI11_3. Has your doctor or health care provider ever recommended calcium and vitamin D?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

{If core s11q1=45-99, continue; else go to next section}

RI11_4. Since the age of 45, have you ever broken or fractured your wrist or hip?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

RI11_5. Since you were a teenager, have you lost more than an inch of height?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added 12: Quality of Life

"These next questions are about limitations you may have in your daily life."

[If disability core s9q1 = 1 or s9q2 = 1 or RI disability screening RI3_1 = 1 continue, otherwise, go to Module 14 – Anxiety and Depression]

Lead statements:

If yes to Disability Core 9.1 -- Earlier you said you were limited in some activities because of physical, mental or emotional problems,

If yes to Disability Core 9.2 --- Earlier you said you have a health problem that requires you to use special equipment.

If yes to RI disability screening RI3_1 -- Earlier you said you had trouble learning, remembering, or concentrating due to a health problem.

RI12_1. What is your major impairment or health problem?

__ = Reason Code

[Read Only if Necessary]

- 01 Arthritis/rheumatism
- 02 Back or neck problem
- 03 Fractures, bone/joint injury
- 04 Walking problem
- 05 Lung/breathing problem
- 06 Hearing problem
- 07 Eye/vision problem
- 08 Heart problem
- 09 Stroke problem
- 10 Hypertension/high blood pressure
- 11 Diabetes
- 12 Cancer
- 13 Depression/anxiety/emotional problem
- 14 Other impairment/problem
- 77 Don't know / Not sure
- 99 Refused

{RI12_2 deleted at client request on 12/21/05}

RI12_3. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

RI12_4. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added 12 (continued): Care Giving

{If yes to RI12_3 or yes to RI12_4 continue, otherwise, go to Module 14 – Anxiety and Depression}

{If RI12_3=1, go to RI12_5a; If RI12_4=1, go to RI12_5b; if RI12_3=1 AND RI12_4=1, go to RI12_5c}

RI12_5a.

If yes to RI12_3 -- Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house?

Read Only if Necessary

- 01 Husband/wife/partner
- 02 Parent/son/son-in-law/daughter/daughter-in-law
- 03 Other relative (paid or unpaid)
- 04 Unpaid volunteer
- 05 Paid employee or home health service
- 06 Friend or neighbor
- 07 Combination of family and/or friends and/or paid help
- 08 Other
- 09 No one helps me (**go to next section**)
- 77 Don't Know/Not Sure
- 99 Refused

RI12_5b.

If yes to RI12_4--- Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes?

Read Only if Necessary

- 01 Husband/wife/partner
- 02 Parent/son/son-in-law/daughter/daughter-in-law
- 03 Other relative (paid or unpaid)
- 04 Unpaid volunteer

- 05 Paid employee or home health service
- 06 Friend or neighbor
- 07 Combination of family and/or friends and/or paid help
- 08 Other
- 09 No one helps me (**go to next section**)
- 77 Don't Know/Not Sure
- 99 Refused

RI12_5c.

If yes to both RI12_3 and RI12_4--- Earlier you reported that due to your impairment you need assistance from another person with your PERSONAL CARE and ROUTINE needs. Who usually helps you with your personal care AND routine needs, such as eating bathing, dressing, getting around, shopping, or everyday household chores?

Read Only if Necessary

- 01 Husband/wife/partner
- 02 Parent/son/son-in-law/daughter/daughter-in-law
- 03 Other relative (paid or unpaid)
- 04 Unpaid volunteer
- 05 Paid employee or home health service
- 06 Friend or neighbor
- 07 Combination of family and/or friends and/or paid help
- 08 Other
- 09 No one helps me (**go to next section**)
- 77 Don't Know/Not Sure
- 99 Refused

RI12_6. Is the assistance you receive to meet your needs from all sources:

Please Read

- 1 Usually adequate
- 2 Sometimes adequate
- or
- 3 Rarely adequate

Do not read

- 7 Don't know/Not sure
- 9 Refused

Module 14: Anxiety and Depression

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

Mod14_1. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

(325-326)

__ 01-14 days

8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

Mod14_2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless?
 (327-328)

— — 01-14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

Mod14_3. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?
 (329-330)

— — 01-14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

Mod14_4. Over the last 2 weeks, how many days have you felt tired or had little energy?
 (331-332)

— — 01-14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

Mod14_5. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?
 (333-334)

— — 01-14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

Mod14_6. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?
 (335-336)

— — 01-14 days
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

Mod14_7. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?
 (337-338)

01-14 days	
8 8	None
7 7	Don't know / Not sure
9 9	Refused

Mod14_8. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? (339-340)

01-14 days	
8 8	None
7 7	Don't know / Not sure
9 9	Refused

Mod14_9. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)? (341)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

Mod14_10. Has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (342)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

State-Added 13: Home Environment questions

{To follow Module 14: Anxiety and Depression}

RI13_1. During the past 12 months, has there been water or dampness in the apartment or house where you live caused by broken pipes, leaks, heavy rain, or floods?

1	Yes
2	No
7	Don't know / Not sure
9	Refused

State-Added 14: Tobacco Control

{Ask if core s10q1 = 1 and s10q2=1 or 2 (current smokers) All others go to RI14_1a.}

RI14_1 Previously you said you smoke cigarettes. On the average, when you smoked during the last 30 days, about how many cigarettes did you smoke a day?

__ Number of cigarettes [76 = 76 or more]
77 Don't know / Not sure
88 Didn't smoke in past 30 days
99 Refused

{Ask if former smoker (s10q2=3), else go to RI14_2}

RI14_1a. Previously you said you have smoked at least 100 cigarettes but do not smoke now. About how long has it been since you last smoked cigarettes regularly?

Read only if necessary:

0 1 Within the past month (anytime less than 1 month ago)
0 2 Within the past 3 months (1 month but less than 3 months ago)
0 3 Within the past 6 months (3 months but less than 6 months ago)
0 4 Within the past year (6 months but less than 1 year ago)
0 5 Within the past 5 years (1 year but less than 5 years ago)
0 6 Within the past 10 years (5 years but less than 10 years ago)
0 7 10 or more years ago

Do not read

7 7 Don't know / Not sure
9 9 Refused

{Ask of ALL.}

RI14_2. Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke inside your house or apartment?

[If respondent was exposed 1 hour or less, but more than none, enter 01]

__ Number of hours [If 95 or more, enter 95]
98 Not exposed at all
97 Don't know / Not sure
99 Refused

{If Core s11q8 = 1 or 2 (employed or self-employed), continue; else go to RI14_4.}

RI14_3. Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at work?

[If respondent was exposed 1 hour or less, but more than none, enter 01]

__ Number of hours [If 95 or more, enter 95]

- 96 Do not work indoors
- 98 Not exposed at all
- 97 Don't know / Not sure
- 99 Refused

RI14_4. In the past 12 months, have you heard, read, or seen anti-smoking information?

- 1 Yes
- 2 No **[Go to RI14_6]**
- 7 Don't know / Not sure **[Go to RI14_6]**
- 9 Refused **[Go to RI14_6]**

RI14_5. Have you heard, read or seen anti-smoking information from television?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

RI14_6. Concerning smoking in in-door work areas - should it be allowed in all areas, only in certain areas, or not be allowed at all?

- 1 Allowed in all areas
- 2 Allowed only in certain areas
- 3 Not allowed at all
- 7 Don't know / Not sure
- 9 Refused

RI14_7. During the past 12 months have you received in the mail any promotional information, coupons or ads from tobacco companies?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

{If s11q8 = 1 or 2 continue, else skip to RI14_9.} i.e. employed or self employed}

RI14_8. Which of the following best describes your place of work's official indoor smoking policy?

[Note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.]

Please read

- 1 Not allowed anywhere anytime
- 2 Allowed in some places at all times
- 3 Allowed everywhere all the time

Or

- 4 No official policy
- Do not read**
- 6 Don't work indoors
- 7 Don't know / Not sure
- 9 Refused

RI14_9. How aware are you of the workplace safety act effective in March of 2005 that bans smoking in almost all workplaces in Rhode Island including restaurants and bars?

Please Read

- 1 I never heard of the workplace safety act
- 2 Not very aware
- 3 Somewhat aware
- 4 Very aware

Do not read

- 7 Don't know / not sure
- 9 Refused

State-Added 15: Emergency Preparedness

RI15_1. There has been a lot of talk recently about household preparation for a mass emergency. Does your household have enough food, water, medicine and other emergency supplies to last for three days in case of an emergency?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

RI15_2. Does your household have a plan for staying in touch if normal communications breakdown and some of you can't get home?

- 1 Yes
- 2 No
- 3 Live alone
- 7 Don't know
- 9 Refused

RI15_3. Some emergencies could be due to an infectious disease. If you were instructed to go to a community center to get a vaccination (a shot) to fight a very infectious disease, would you go?

- 1 Yes **[go to next section]**
- 2 No **[go to RI15_4]**
- 7 Don't know **[go to next section]**
- 9 Refused **[go to next section]**

RI15_4. What would be the primary reason why you might not go to get a vaccination if asked to do so?

Do not read

- 1 Don't like shots
- 2 Vaccine will probably make me (us) sick / don't trust medicine
- 3 Transportation issues
- 4 Crowd / standing in line / no time
- 5 "I (we) don't get sick / It won't happen to me (us)"
- 6 Other _____
- 7 Don't know
- 9 Refused

State-Added 16: Address for Census Block Group Coding

We need to know for each person we interview, what street block you are on. That's so the computer can figure out how close that block is to the nearest fire station and hospital.

RI16_1. What street do you live on? And could you tell me the street address of any building on your sides of the bloc: It doesn't have to be your address- just any address that would be on your side of your block.

- 1 Specify: _____ **[go to next section]**
- 9 Refused

{If refused to give street address (RI16_1=9)}:

RI16_2. What are the names of the streets at the nearest intersection to your home?

- 1 Specify: _____
- 7 Don't know / Not sure
- 9 Refused

State-Added 17: Condom Use

{If respondent is 50 years or older, go to closing statement}

The last questions are about your sexual behavior. By sex, we mean oral, vaginal, or anal sex, but NOT masturbation. When we talk about condoms, we mean both male as well as female condoms. Please remember that your answers are strictly confidential and that you do not have to answer a question of you don't want to.

RI17_1. During the past 12 months, with how many people have you had sexual intercourse?

- __ Enter Number **(76=76 or more)**
- 88 None **(Go to closing)**
- 77 Don't Know/ Not Sure **(Go to closing)**
- 99 Refused **(Go to closing)**

RI17_2. Was a condom used the last time you had sexual intercourse?

- 1 Yes
- 2 No
- 7 Don't Know/ Not Sure
- 9 Refused

State-Added 18: Contact Letter

{Ask of All}

RI18_1. I have just one more question. Before I called you today, did you or anyone in your household get a letter from the Rhode Island Department of Health saying that we would be calling about this survey?

- 1 Yes
- 2 No **[go to closing statement]**
- 7 Don't Know **[go to closing statement]**
- 9 Refused **[go to closing statement]**

RI18_2 If you hadn't received the letter before we called, how likely is it that you would have done this interview?

[Please Read]

- 1 Very likely
- 2 Somewhat likely
- 3 Not likely

[Do Not Read]

- 7 Don't Know
- 9 Refused

Closing Statement

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

Language Indicator

[Interviewer: Do Not Read This To Respondent]

Lang1. In what language was this interview completed?

- 01 English
- 02 Spanish